

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN4977PRI</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/26/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>WARM SPRINGS CORRECTIONAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3301 E 5TH STREET CARSON CITY, NV 89701</b>		
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S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of survey conducted at your facility on 6/26/07 in accordance with the Nevada Revised Statutes (NRS) 209.382(1). NRS 209.382 State Health Officer to examine and report on medical and dental services, diet of offenders, sanitation and safety in institutions and facilities.</p> <p>1. The State Health Officer shall periodically examine and shall report to the Board semiannually upon the following operations of the Department:</p> <p>(a) The medical and dental services and places where they are provided, based upon the standards for medical facilities as provided in chapter 449 of NRS. (b) The nutritional adequacy of the diet of incarcerated offenders taking into account the religious or medical dietary needs of an offender and the adjustment of dietary allowances for age, sex and level of activity. (c) The sanitation, healthfulness, cleanliness and safety of its various institutions and facilities. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p>	S 000		
S 175	<p>NAC 449.338 Dietary Services</p> <p>6. In providing for the preparation and serving of food, a hospital shall:</p> <p>(a) Comply with the standards prescribed in chapter 446 of NRS and the regulations adopted pursuant thereto</p> <p>This ELEMENT is not met as evidenced by: Based on observation on 6/26/07, it was determined the culinary department was not</p>	S 175		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 175	Continued From page 1  maintained in a clean and sanitary manner.  Findings include:  During a tour of the culinary department at 4:25PM, the following observations were made: Large amounts of baked-on brown residue was observed on baking trays and pans that had been through the washing and sanitizing process and were placed on storage racks. There was no trash can at the hand washing sink for the disposal of soiled paper towels. The paper towel dispenser outside of the restroom was empty. There was no paper towel dispenser inside the restroom.	S 175		
S 181	NAC 449.3385 Dietary Personnel  2. The dietary service must be under the direction of a registered dietitian or other professional person who; (a) Is qualified in the field of institutional management, nutritional sciences or hotel restaurant management; (b) Has completed an academic program in culinary arts; or (c) Is certified as a dietary manager by the Dietary Managers Association and has additional work experience with medical and therapeutic diets. 3. The director of the dietary service may be employed on a full-time or part-time basis, or as a consultant.  This Regulation is not met as evidenced by: Based on record review and interview on 6/26/07, it was determined the facility did not ensure the culinary department was under the direction of a registered dietitian.	S 181		

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S 181	Continued From page 2  Findings include:  During a tour of the culinary department, the manager provided the surveyors with a letter dated 4/3/07 from a dietician. The letter indicated the menus offered by the culinary department had been analyzed and reviewed for nutritional adequacy.  During a telephone interview with the dietician who wrote the 4/3/07 letter, it was revealed the dietician was only contracted to review menus. The dietician reported she had never been to the culinary department for an inspection of safe and sanitary food handling practices or to provide training for the culinary staff.  Review of the last inspection performed by the Bureau of Health Protection Services (BHPS) on 3/6/07 revealed the culinary department had four deficiencies, regarding a clogged drain in the trash compactor area, a build-up of dust on a cooler, use of a three compartment sink as a hand washing sink and unclear soda dispenser nozzles and equipment.	S 181		
S 231	NAC 449.343 Medication Orders  2. When a telephone or verbal order is used to order medications or biologicals, the order must be: (a) Accepted only by a person who is authorized by the policies and procedures of the medical staff, which must be consistent with state law, to accept such an order; and (b) Signed or initialed by the prescribing practitioner in accordance with hospital policy. This Regulation is not met as evidenced by: Based on record review on 6/26/07, it was	S 231		

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S 231	Continued From page 3  determined that nursing staff did not follow policy regarding accepting physician orders for 1 of 10 inmates.  Findings include:  Review of physician orders revealed that an order dated 6/21/07 for Inmate #6 was not noted. It is unknown if the individual who accepted the orders was authorized to do so.  The policy titled, "Provider Telephone, Verbal, and Renewal Orders, indicated that when accepting physician orders for medication, nursing staff were to date, time and countersign the order.	S 231			
S 290	NAC 449.361 Nursing Services  1. A hospital shall have a well-organized plan that provides for 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.  This Regulation is not met as evidenced by: Based on record review and interviews on 6/26/07, it was determined the medical unit did not provide 24-hour nursing services to inmates.  Findings include:  During a review of the staff schedule, it was discovered the infirmary was not staffed with nurses during the night shift from 11:00PM to 7:00AM. The Director of Nursing (DON) reported that if there was a medical emergency or if an inmate needed medication medication, guards would call the nearby correctional center for the night shift registered nurse. It was estimated that	S 290			

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S 290	Continued From page 4  it would take the night shift nurse approximately 10 minutes to arrive.	S 290		
S 339	NAC 449.363 Personnel Policies  4. The hospital shall have evidence of a current license or certification on file at the hospital for each person employed by the hospital, or under contract with the hospital, who is required to be licensed or certified by law to perform his job. This Regulation is not met as evidenced by: Based on record review and interview on 6/26/07, it was determined the facility did not ensure that 1 of 8 nursing staff had evidence of current cardiopulmonary resuscitation (CPR) training.  Findings include:  During a record review of the nursing staff, it was discovered that Employee #4, a registered nurse, had an expired cardiopulmonary resuscitation card dated 6/07.  Interview with the director of nursing (DON) revealed she did not know if Employee #4 had taken a CPR class recently or was scheduled for a class.  A policy and procedure titled, "Emergency Medical Response Procedure" indicated that all medical division staff should maintain current certification in Basic Life Support (BLS).	S 339		
S 340	NAC 449.363 Personnel Policies  5. The hospital shall ensure that the health records of its employees contain documented evidence of surveillance and testing of those employees for tuberculosis in accordance with	S 340		

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S 340	<p>Continued From page 5</p> <p>chapter 441A of NAC.</p> <p>This Regulation is not met as evidenced by: Based on record review, observation and interviews on 6/26/07, it was determined the facility did not ensure that 7 of 8 medical staff were in compliance with NAC 441A.</p> <p>Findings include:</p> <p>The medical files for eight medical staff were reviewed in the personnel office. Seven medical files were incomplete for documentation of tuberculosis testing and surveillance. The files were either missing evidence of second-step tuberculosis skin tests or annual skin tests. One individual who had tested positive for tuberculosis in the past did not have a copy of a positive skin test in her file or a statement from a physician that she had tested positive in the past.</p> <p>The Disease Control Coordinator was interviewed about the missing tuberculosis documentation. The Disease Control Coordinator reported the personnel office was responsible for filing all tuberculosis testing slips in employee medical files, not the medical staff or his office. The Disease Control Coordinator stated his office had no authority to force the personnel office to file the test slips. The Disease Control Coordinator showed the surveyor a box of tuberculosis test slips that had not been filed. The box appeared to contain hundreds of tuberculosis slips.</p> <p>In an Infection Control/OSHA meeting dated 1/17/07, it was revealed the correctional center would perform "one" tuberculosis skin test per employee. No mention was made about evaluating whether medical staff needed two-step tuberculosis skin tests or that the correctional center would offer two-step tuberculosis skin</p>	S 340		

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S 340	Continued From page 6 tests.	S 340			

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